| Fill | in this information to identify your case: | | | | |
|--------|--|-----------------------|---|--------------|-------------------------------|
| | tor 1 Manuel Godinez, Jr. | | | | |
| D.1 | First Name | Middle Name | Last Name | | |
| 1 - | tor 2 se if, filing) First Name | Middle Name | Last Name | | |
| Uni | ed States Bankruptcy Court for the: WE | STERN DISTRICT (| DF TEXAS | | |
| Cas | e number 19-11393 | | | | |
| (if kn | | | | _ | t if this is an |
| | | | | amen | ded filing |
| Oŧ | iioiol Form 106Cum | | | | |
| | icial Form 106Sum | l iahilities ar | nd Certain Statistical Information | | 12/15 |
| info | mation. Fill out all of your schedules fire original forms, you must fill out a new | st; then complete th | are filing together, both are equally responsible for information on this form. If you are filing amence the box at the top of this page. | | |
| | | | | Your as | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 1 1a. Copy line 55, Total real estate, from S | 06A/B) chedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, | from Schedule A/B | | \$ | 5,055.00 |
| | 1c. Copy line 63, Total of all property on S | Schedule A/B | | \$ | 5,055.00 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A, | | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | \$ | 7,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsel | cured Claims (Officia | I Form 106E/F) as) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | | | laims) from line 6j of <i>Schedule E/F</i> | \$ | 27,851.00 |
| | | | | | |
| | | | Your total liabilities | \$ | 34,851.00 |
| Par | 3: Summarize Your Income and Expe | enses | | | |
| 4. | Schedule I: Your Income (Official Form 10 Copy your combined monthly income from | , | · I | \$ | 3,294.89 |
| 5. | Schedule J: Your Expenses (Official Form Copy your monthly expenses from line 22 | | | \$ | 3,289.00 |
| Par | 4: Answer These Questions for Adm | inistrative and Stati | istical Records | | |
| 6. | Are you filing for bankruptcy under Ch | apters 7, 11, or 13? | | | |
| | | • • • | heck this box and submit this form to the court with yo | ur other sch | nedules. |
| | Yes | | | | |
| 7. | What kind of debt do you have? | | | | |
| | | | debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Case number (if known) 19-11393

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,286.25

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 2 (Spouse, if filing) United States Bankru Case number 19-1 Official Form Schedule In each category, separathink it fits best. Be as information. If more spa | Manuel Godinez, Jairst Name irst Name ptcy Court for the: Value 1393 | | Last Name Last Name | | | |
|---|--|---|------------------------------|--|----------|--|
| Debtor 2 (Spouse, if filing) United States Bankru Case number 19-1 Official Form Schedule In each category, separathink it fits best. Be as information. If more spa | irst Name irst Name ptcy Court for the: | Middle Name Middle Name | Last Name | | _ | |
| Debtor 2 (Spouse, if filing) United States Bankru Case number Official Form Schedule In each category, separathink it fits best. Be as information. If more spa | ptcy Court for the: _V 1393 | Middle Name | Last Name | | _ | |
| (Spouse, if filing) United States Bankru Case number 19-1 Official Form Schedule In each category, separathlink it fits best. Be as information. If more spa | 1393 106A/B | | | | _ | |
| Official Form Schedule | 1393 106A/B | VESTERN DISTRICT OF TEXAS | S - | | П | |
| Official Form Schedule / In each category, separathink it fits best. Be as information. If more spa | 106A/B | | - | | П | |
| Official Form Schedule / In each category, separathink it fits best. Be as information. If more spa | 106A/B | | - | | | 01 1 7 4 1 1 1 |
| Schedule A In each category, separathink it fits best. Be as information. If more spa | | | | | | Check if this is an amended filing |
| think it fits best. Be as | | | | | | J |
| Schedule A In each category, separathink it fits best. Be as information. If more spa | | | | | | |
| In each category, separa think it fits best. Be as information. If more spa | 4/B: Prope | | | | | |
| think it fits best. Be as information. If more spa | | | | | | 12/15 |
| Aliswei every question. | complete and accurate ice is needed, attach a | tems. List an asset only once. If a as possible. If two married people separate sheet to this form. On the | are filing together, both ar | e equally responsible for | supply | ing correct |
| Part 1: Describe Each | Residence, Building, I | and, or Other Real Estate You Ow | n or Have an Interest In | | | |
| 1. Do vou own or have | anv legal or equitable i | nterest in any residence, building, | land, or similar property? | | | |
| • | . , | 3 , | ,,,,,, | | | |
| No. Go to Part 2. | | | | | | |
| ☐ Yes. Where is the | property? | | | | | |
| | | | | | | |
| Part 2: Describe Your | Vehicles | | | | | |
| □ No ■ Yes | , tractors, sport utill | ty vehicles, motorcycles | | | | |
| | | | | Do not dodust cooured | alaima | or exemptions. But |
| 3.1 Make: Niss | | Who has an interest in the | e property? Check one | Do not deduct secured the amount of any secu | ıred cla | ims on Schedule D: |
| Model: Altir | | Debtor 1 only | | Creditors Who Have C | laims S | ecured by Property. |
| Approximate mile | | Debtor 2 only Debtor 1 and Debtor 2 o | nlv | Current value of the entire property? | | rrent value of the rtion you own? |
| Other information | | At least one of the debto | • | | - | - |
| Encumbered | | Check if this is commu | inity property | \$3,750.00 | | \$3,750.00 |
| Examples: Boats, tra No Yes Add the dollar va pages you have a | ailers, motors, person lue of the portion yo ttached for Part 2. V | /s and other recreational vehical watercraft, fishing vessels, snow own for all of your entries from the following like interest in any of the follow | owmobiles, motorcycle ac | ccessories / entries for | porti | \$3,750.00 ent value of the on you own? ot deduct secured |

Official Form 106A/B Schedule A/B: Property page 1

| DE | Manuel Godinez, Jr. Case number (# known) | 19-11393 | | | | | | |
|-----|---|---------------------------------|--|--|--|--|--|--|
| | Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No | | | | | | | |
| | ■ Yes. Describe | | | | | | | |
| | Miscellaneous household furnishings | \$450.00 | | | | | | |
| | Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games □ No ■ Yes. Describe | collections; electronic devices | | | | | | |
| | Tes. Describe | | | | | | | |
| | Miscellaneous electronics | \$400.00 | | | | | | |
| | Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles ■ No □ Yes. Describe | , or baseball card collections; | | | | | | |
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments | and kayaks; carpentry tools; | | | | | | |
| | ■ No □ Yes. Describe | | | | | | | |
| 10. | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No | | | | | | | |
| | ☐ Yes. Describe | | | | | | | |
| | Clothes | | | | | | | |
| | Personal clothing | \$100.00 | | | | | | |
| | reisonal clothing | Ψ100.00 | | | | | | |
| 12. | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g ■ No | gold, silver | | | | | | |
| | ☐ Yes. Describe | | | | | | | |
| | Non-farm animals Examples: Dogs, cats, birds, horses | | | | | | | |
| | ■ No □ Yes. Describe | | | | | | | |
| | Any other personal and household items you did not already list, including any health aids you did not list No | | | | | | | |
| | ☐ Yes. Give specific information | | | | | | | |
| 15 | 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$950.00 | | | | | | |
| Pa | rt 4: Describe Your Financial Assets | | | | | | | |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

page 2

| | | | | | claims or exemptions |
|-------------|---|-----------------|----------------------------|---|-------------------------|
| 16 | . Cash <i>Examples</i> : Money you h | ave in y | our wallet, in your home, | in a safe deposit box, and on hand when you file your petition | claims or exemptions. |
| | ■ No □ Yes | | | | |
| 17. | institutions. I | | | ; certificates of deposit; shares in credit unions, brokerage house the same institution, list each. | s, and other similar |
| | □ No ■ Yes | | | Institution name: | |
| | _ 100 | 17.1. | Checking & Savings | Texas Department of Public Safety Credit Union | \$350.00 |
| | | 17.2. | Checking & Savings | University Federal Credit Union | \$5.00 |
| _ | | | | | |
| 18. | . Bonds, mutual funds, o Examples: Bond funds, i ■ No | | | ge firms, money market accounts | |
| | ☐ Yes | | Institution or issuer name | э: | |
| 19. | joint venture | ck and | interests in incorporate | ed and unincorporated businesses, including an interest in a | n LLC, partnership, and |
| | ■ No □ Yes. Give specific info | | about them | % of ownership: | |
| 20. | Negotiable instruments i | nclude p | personal checks, cashiers | le and non-negotiable instruments of checks, promissory notes, and money orders. of to someone by signing or delivering them. | |
| | ■ No | | | | |
| | ☐ Yes. Give specific infor | | about them uer name: | | |
| 21 | . Retirement or pension | accoun | te | | |
| ∠ 1. | Examples: Interests in IF ☐ No | RA, ERIS | SA, Keogh, 401(k), 403(b |), thrift savings accounts, or other pension or profit-sharing plans | |
| | Yes. List each account | separat Type | tely. of account: | Institution name: | |
| | | Defir plan | ned benefit pension | Texas Department of Public Safety | \$0.00 |
| 22. | Examples: Agreements | deposit | ts you have made so that | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies, o | r others |
| | ■ No □ Yes | | | Institution name or individual: | |
| 23. | | a perio | dic payment of money to | you, either for life or for a number of years) | |
| | | uer nam | e and description. | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 5 | | | ied ABLE program, or under a qualified state tuition program | ı. |
| | ■ No □ YesIns | titution r | name and description. Se | parately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | . Trusts, equitable or futo ■ No | ure inte | rests in property (other | than anything listed in line 1), and rights or powers exercisa | ble for your benefit |
| | - INO | | | | |

Schedule A/B: Property

Case number (if known) 19-11393

Official Form 106A/B

Debtor 1

Manuel Godinez, Jr.

page 3

| D | ו וטוטנ | Manuel Godinez, Jr. | Case number (# known) 1 | J -11393 |
|-----|----------------|--|--|---|
| | ☐ Yes. | Give specific information about them | | |
| 26. | Examp | s, copyrights, trademarks, trade secrets, and other intellectual les: Internet domain names, websites, proceeds from royalties and | | |
| | ■ No □ Yes. | Give specific information about them | | |
| 27. | | es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association h | oldings, liquor licenses, professional licenses | |
| | | Give specific information about them | | |
| M | oney or | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | unds owed to you | | |
| | ■ No □ Yes. | Give specific information about them, including whether you alread | y filed the returns and the tax years | |
| 29. | Examp | support oles: Past due or lump sum alimony, spousal support, child support, Give specific information | maintenance, divorce settlement, property set | tlement |
| 30. | Examp ■ No | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else Give specific information | s, sick pay, vacation pay, workers' compensat | ion, Social Security |
| 31. | | ts in insurance policies bles: Health, disability, or life insurance; health savings account (HS | SA); credit, homeowner's, or renter's insurance | |
| | ■ Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Debtor has term life insurance with n | 0 | \$0.00 |
| | | cash surrender value. | | \$0.00 |
| 32. | If you a someo | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurane has died. Give specific information | rance policy, or are currently entitled to receive | property because |
| 33. | Examp ■ No | against third parties, whether or not you have filed a lawsuit of bles: Accidents, employment disputes, insurance claims, or rights to Describe each claim | | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including of Describe each claim | ounterclaims of the debtor and rights to se | t off claims |
| 35. | | ancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |

| Debtor | Manuel Godinez, Jr. | | Case number (if known) | 19-11393 |
|-----------------|--|----------------------------|--------------------------|-------------------------|
| | dd the dollar value of all of your entries from Part 4, includin or Part 4. Write that number here | | | \$355.00 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. Do y | ou own or have any legal or equitable interest in any business-relat | ed property? | | |
| ■ No | o. Go to Part 6. | | | |
| ☐ Ye | es. Go to line 38. | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You lf you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do | you own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| Ex ■ N | you have other property of any kind you did not already list camples: Season tickets, country club membership lo 'es. Give specific information | • | | |
| 54. A | dd the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P | art 1: Total real estate, line 2 | | | \$0.00 |
| 56. P | art 2: Total vehicles, line 5 | \$3,750.00 | | |
| | art 3: Total personal and household items, line 15 | \$950.00 | | |
| 58. P | art 4: Total financial assets, line 36 | \$355.00 | | |
| _ | | ሰለ ለለ | | |
| | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. P | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 60. P | | · | | |
| 60. P | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | Copy personal property t | total \$5,055.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this information to identify your case: | | | | | | | |
|---|-------------------------------|--|---|--|--|--|--|
| Manuel Godinez, | Jr. | | | | | | |
| First Name | Middle Name | Last Name | | | | | |
| | | | | | | | |
| First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | DF TEXAS | | | | | |
| -11393 | | | | | | | |
| | | | ☐ Check if this is an amended filing | | | | |
| | Manuel Godinez, of First Name | Manuel Godinez, Jr. First Name Middle Name First Name Middle Name Gruptcy Court for the: WESTERN DISTRICT C | Manuel Godinez, Jr. First Name Middle Name Last Name First Name Middle Name Last Name cruptcy Court for the: WESTERN DISTRICT OF TEXAS | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | | |
|----|--|---|-----|---|-----------------------|--|--|--|--|--|--|
| | ■ You are claiming federal exemptions. 11 | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim sportion you own | | Specific laws that allow exemption | | | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | | |
| | Miscellaneous household furnishings | \$450.00 | | \$450.00 | 11 U.S.C. § 522(d)(3) | | | | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Miscellaneous electronics Line from Schedule A/B: 7.1 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) | | | | | | |
| | Line from Scriedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Personal clothing | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) | | | | | | |
| | Line Ironi Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Checking & Savings: Texas Department of Public Safety Credit | \$350.00 | | \$350.00 | 11 U.S.C. § 522(d)(5) | | | | | | |
| | Union Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Checking & Savings: University Federal Credit Union | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) | | | | | | |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |

| De | btor 1 | Manuel Godinez, Jr. | | | Case number (if known) | 19-11393 |
|---|--------|---|--|--------------------|--|------------------------------------|
| | | description of the property and line on dule A/B that lists this property | Current value of the Amount of the exemportion you own | | emption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one box | x for each exemption. | |
| | | tor has term life insurance with ash surrender value. | \$0.00 | | | 11 U.S.C. § 522(d)(7) |
| | | from Schedule A/B: 31.1 | | | market value, up to ole statutory limit | |
| Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) | | | | | it.) | |
| ■ NoYes. Did you acquire the property covered by the exemption within 1,215 day | | | | | | |
| | | hin 1,215 days bef | ore you filed this case? | ? | | |
| | | □ No | | | | |
| | | ☐ Yes | | | | |

| Fill in this information | on to identify you | r case: | | | |
|--------------------------------------|-------------------------|--|---|--|--------------------------|
| Debtor 1 | Manuel Godine | z. Jr. | | | |
| | irst Name | Middle Name Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | irst Name | Middle Name Last Name | | | |
| United States Bankru | ptcy Court for the: | WESTERN DISTRICT OF TEXAS | | | |
| Case number 19-1 | 1393 | | | | |
| (if known) | 1393 | | | ☐ Check | if this is an |
| , | | | | | ded filing |
| Official Form 1 | 06D | | | | |
| Schedule D: | Creditors | Who Have Claims Secured | by Propert | y | 12/15 |
| is needed, copy the Add | | If two married people are filing together, both are equout, number the entries, and attach it to this form. On | | | |
| number (if known). | o alaima assured b | (your property? | | | |
| 1. Do any creditors have | • | | | | |
| ☐ No. Check this | box and submit t | his form to the court with your other schedules. Yo | ou have nothing else t | o report on this form. | |
| Yes. Fill in all | of the information | below. | | | |
| Part 1: List All Se | cured Claims | | | | |
| 2. List all secured clair | ns. If a creditor has i | more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| for each claim. If more t | han one creditor has | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 GM Financial | | Describe the property that secures the claim: | \$7,000.00 | \$3,750.00 | \$3,250.00 |
| Creditor's Name | | 2012 Nissan Altima 130,000 miles Encumbered | · · · · · · · · · · · · · · · · · · · | | |
| P.O. Box 183 Arlington, TX | | As of the date you file, the claim is: Check all that apply. | | | |
| Number, Street, City, | | Contingent | | | |
| rumber, offeet, orty, | State & Zip Gode | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortgage or section) | ured | | |
| Debtor 2 only | | car loan) | | | |
| ☐ Debtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the de | ebtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim community debt | relates to a | Other (including a right to offset) | | | |
| Date debt was incurred | 2014 | Last 4 digits of account number | | | |
| | | | | | |
| Add the dollar value | of your entries in C | olumn A on this page. Write that number here: | \$7,00 | 00.00 | |
| If this is the last page | | the dollar value totals from all pages. | \$7,00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

| Fill in this infor | mation to identify your o | ase: | | | |
|---|---|--|---|---|--|
| Debtor 1 | Manuel Godinez, | Jr. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT OF | TEXAS | | |
| Case number | 19-11393 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Fori | m 106E/F | | | | |
| | | ho Have Unsecure | ed Claims | | 12/15 |
| Schedule G: Exec Schedule D: Credi eft. Attach the Co name and case nu | utory Contracts and Unexpi itors Who Have Claims Secu intinuation Page to this page | red Leases (Official Form 1060 red by Property. If more space e. If you have no information to | G). Do not include e is needed, copy | any creditors with partially secuthe Part you need, fill it out, nun | perty (Official Form 106A/B) and on ured claims that are listed in other the entries in the boxes on the of any additional pages, write your |
| | tors have priority unsecured | | | | |
| No. Go to | , , | olamo agamot you . | | | |
| ☐ Yes. | r dit 2. | | | | |
| — 1es. | | | | | |
| Part 2: List A | All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any credit | tors have nonpriority unsec | ured claims against you? | | | |
| ☐ No. You ha | ave nothing to report in this pa | art. Submit this form to the court | with your other sche | edules. | |
| Yes. | | | | | |
| unsecured cla | im, list the creditor separately | for each claim. For each claim I | isted, identify what t | b holds each claim. If a creditor h type of claim it is. Do not list claims three nonpriority unsecured claim | s already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Ability | Recovery Service | Last 4 digits of | account number | 51N2 | \$230.00 |
| • | ity Creditor's Name | | | 0 100/40 1 4 4 | • |
| Po Box | Bankruptcy x 4262 | When was the | debt incurred? | Opened 02/19 Last Act 11/14 | ive |
| | on, PA 18505 | | | 1014 | |
| | Street City State Zip Code | As of the date y | you file, the claim | is: Check all that apply | |
| _ | urred the debt? Check one. | _ | | | |
| ■ Debto | • | ☐ Contingent | | | |
| ☐ Debto | • | ☐ Unliquidated | | | |
| _ | or 1 and Debtor 2 only | ☐ Disputed | RIORITY unsecure | d alaim. | |
| | ast one of the debtors and ano | | | u Ciaiiii. | |
| ∐ Chec debt | k if this claim is for a comm | iunity | | aration agreement or divorce that y | you did not |
| | aim subject to offset? | report as priority | | aradori agreement or divorce that y | ou did Hot |
| ■ No | | ☐ Debts to per | sion or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | | ■ Other. Speci | Collection | Attorney Travis County E | imerg |

| Manuel Godinez, Jr. | | Case number (if known) 19-11393 | |
|--|---|---|------------|
| AmeriCredit/GM Financial Nonpriority Creditor's Name | Last 4 digits of account number | 8322 | \$6,356.00 |
| Attn: Bankruptcy Po Box 183853 Arlington, TX 76096 | When was the debt incurred? | Opened 05/14 Last Active 9/04/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Automobile |) | |
| AT&T Uverse | Last 4 digits of account number | · | \$900.0 |
| Nonpriority Creditor's Name P.O. Box 5014 Const Street H. 60407 5044 | When was the debt incurred? | 2019 | |
| Carol Stream, IL 60197-5014 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | a plans, and other similar debts | |
| Yes | Other, Specify Phone Bill | g plane, and enter eliminal debte | |
| | | | |
| Care Credit | Last 4 digits of account number | | \$500.0 |
| Nonpriority Creditor's Name 950 Forrer Blvd. Dayton, OH 45420 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plans, and other similar debts | |
| | | | |
| Yes | Other. Specify Credit Card | <u> </u> | |

| Debtor | 1 Manuel Godinez, Jr. | | Case number (if known) 19-11393 | |
|--------|---|--|--|------------|
| 4.5 | Cash Advance America Inc. Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,200.00 |
| | 3017 Douglas Blvd Roseville, CA 95661 | When was the debt incurred? | 2019 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Loan | | |
| 4.6 | Conn Appliances Inc | Last 4 digits of account number | 9033 | \$567.00 |
| | Nonpriority Creditor's Name | | Opened 2/26/15 Last Active | |
| | Box 2358 Beaumont, TX 77704 | When was the debt incurred? | 02/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Secured | | |
| 4.7 | Conn Appliances Inc | Last 4 digits of account number | 9034 | \$129.00 |
| | Nonpriority Creditor's Name | | Opened 7/04/15 Last Active | |
| | Box 2358 Beaumont, TX 77704 | When was the debt incurred? | 1/26/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second s | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Secured | | |
| | | | | |

| Debtor | 1 Manuel Godinez, Jr. | | Case number (if known) 19-11393 | |
|--------|---|--|---|----------|
| 4.8 | Credit Collection Services Nonpriority Creditor's Name | Last 4 digits of account number | 1505 | \$448.00 |
| | Attn: Bankruptcy 725 Canton St | When was the debt incurred? | Opened 2/09/16 | |
| | Norwood, MA 02062 | _ | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify 06 Nationw | ide Insurance | |
| 4.9 | ERC/Enhanced Recovery Corp | Last 4 digits of account number | 5008 | \$895.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road | When was the debt incurred? | Opened 04/18 | |
| | Jacksonville, FL 32256 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney At T U-Verse | |
| 4.1 | Home Credit | Last 4 digits of account number | 7033 | \$707.00 |
| | Nonpriority Creditor's Name | | | _ |
| | Attn: Bankruptcy Po Box 2394 | When was the debt incurred? | Opened 10/18 Last Active 01/19 | |
| | Omaha, NE 68103 | When was the dest mounted. | 01/13 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |

| Debt | Manuel Godinez, Jr. | | Case number (if known) 19-11393 | |
|------|--|--|---|----------|
| .1 | Kohls/Capital One | Last 4 digits of account number | 1184 | \$501.00 |
| | Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201 | When was the debt incurred? | Opened 12/14 Last Active 06/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| l.1 | Merchants & Professional Credit Bureau | Last 4 digits of account number | 1457 | \$158.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 5508 Parkcrest Dr Ste. 210 Austin, TX 78731 | When was the debt incurred? | Opened 12/18 Last Active 08/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection | Attorney Austin Regional Clinic | |
| l.1 | Merchants & Professional Credit Bureau | Last 4 digits of account number | 8266 | \$132.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 5508 Parkcrest Dr Ste. 210 Austin, TX 78731 | When was the debt incurred? | Opened 10/18 Last Active 05/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection | Attorney Austin Regional Clinic | |

| Debto | Manuel Godinez, Jr. | Case number (if known) | 19-11393 | | |
|----------|--|---|--------------------------------|------------------|------------|
| l.1 | Merchants & Professional Credit Bureau | Last 4 digits of account number | 0613 | | \$127.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 5508 Parkcrest Dr Ste. 210 Austin, TX 78731 | When was the debt incurred? | Opened 08/18 Last 03/18 | t Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | \square Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | • • | | |
| | Yes | Other. Specify Collection | Attorney Austin Regi | ional Clinic | |
| l.1 | Midland Funding | Last 4 digits of account number | 7411 | | \$377.00 |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 10/16 Last 11/15 | t Active | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | de la Prima | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | □Yes | ■ Other. Specify Bank | Company Account Co | omenity | |
| | | | | | |
| l.1 S | National Credit Systems, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 4831 | | \$3,442.00 |
| | Attn: Bankruptcy Po Box 312125 | When was the debt incurred? | Opened 06/19 | | |
| | Atlanta, GA 31131 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | tnat you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| | □Yes | ■ Other. Specify Apts | Attorney Riverhorse | Ranch li | |

| Manuel Godinez, Jr. | Case number (if known) 19-11393 | |
|--|--|-----------|
| Progressive Leasing | Last 4 digits of account number | \$2,000.0 |
| Nonpriority Creditor's Name P.O. Box 413110 | When was the debt incurred? 2019 | |
| Salt Lake City, UT 84141 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | • , | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Claim | |
| Speedy Cash | Last 4 digits of account number | \$1,700.0 |
| Nonpriority Creditor's Name 3611 North Ridge Road Wichita, KS 67205-1214 | When was the debt incurred? 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Loan | |
| Sprint | Last 4 digits of account number | \$900.0 |
| Nonpriority Creditor's Name | | |
| P.O. Box 54977 | When was the debt incurred? 2019 | |
| Los Angeles, CA 90054-0977 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The court of the c | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Phone Bill | |

| Debto | Manuel Godinez, Jr. | | Case number (if known) 19-11393 | |
|-------|---|---|---|------------|
| 4.2 | Sun Loan #360 Nonpriority Creditor's Name | Last 4 digits of account number | 2429 | \$179.00 |
| | 4410 E Riverside Drive Austin, TX 78741 | When was the debt incurred? | Opened 4/25/19 Last Active 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Note Loan | | |
| 4.2 | Synchrony Bank/Walmart | Last 4 digits of account number | 5563 | \$262.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando El 32806 | When was the debt incurred? | Opened 11/13 Last Active 5/07/15 | |
| | Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | og plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | | |
| | | | | |
| 4.2 | Texas Dps Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 7317 | \$1,652.00 |
| | Po Box 15346 Austin, TX 78761 | When was the debt incurred? | Opened 07/17 Last Active 08/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □Yes | ■ Other. Specify Secured | | |
| | | | | |

| Debtor | 1 Manuel Godinez, Jr. | | Case number (if known) | 19-11393 | |
|--------|--|--|---------------------------------|-----------------|------------|
| 4.2 | Title Max | Last 4 digits of account number | | | \$1,100.00 |
| | Nonpriority Creditor's Name 6503 Westminster Ave Westminster, CA 92683 | When was the debt incurred? | 2019 | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce t | hat you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharir | ng plans, and other similar deb | ots | |
| | Yes | Other. Specify Loan | | | |
| 4.2 | Verizon Wireless | Last 4 digits of account number | 0001 | _ | \$2,210.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 500 Technology Dr, Ste 550 | When was the debt incurred? | Opened 04/07 Last 12/31/18 | Active | |
| | Weldon Spring, MO 63304 Number Street City State Zip Code | As of the date you file, the claim | is: Chock all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | is. Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | <u> </u> | | | |
| | | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | At least one of the debtors and another | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce t | hat you did not | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce to | nat you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar deb | ots | |
| | Yes | Other. Specify | | | |
| 4.2 | Why Not Lease It | Last 4 digits of account number | | | \$350.00 |
| 3 | Nonpriority Creditor's Name | | | _ | |
| | 1750 Elm Street Suite 1200 Manchester, NH 03104 | When was the debt incurred? | 2019 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | _ | | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a cialm: | | |
| | ☐ Check if this claim is for a community debt | _ | | hakaan ah baar | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aradon agreement of divorce t | nat you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar deb | ots | |
| | □Yes | ■ Other. Specify Charge Ac | count | | |
| | | Curior. Opcomy | | | |

| Nonpr | dforest Bank | Last 4 digits of account number | | | | \$30 |
|--|---|--|--|---|--|---|
| - | riority Creditor's Name | When was the debt incurred? | 2019 | | | _ |
| Milford, PA 18337 Number Street City State Zip Code | | As of the date you file, the claim | is: Check | all that apply | | |
| _ | incurred the debt? Check one. | | | | | |
| _ | ebtor 1 only | ☐ Contingent | | | | |
| ` | ebtor 2 only | ☐ Unliquidated | | | | |
| | ebtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | |
| | least one of the debtors and another | Student loans | u Ciaiiii. | | | |
| ☐ Ch debt | neck if this claim is for a community | ☐ Obligations arising out of a sepa | ration an | reement or divorc | e that you did not | |
| Is the | claim subject to offset? | report as priority claims | iration ag | recinent of divorc | c triat you did riot | |
| ■ No | | Debts to pension or profit-sharing | ıg plans, a | and other similar o | debts | |
| ☐ Ye | es | Other. Specify Credit Card | i | | | _ |
| Wor | ld Finance Corp/World | | | | | |
| | eptance | Last 4 digits of account number | 2501 | | | \$52 |
| | iority Creditor's Name : Bankruptcy | | Open | ed 06/19 Las | st Active | |
| | Box 6429 | When was the debt incurred? | 8/31/ | | | |
| | enville, SC 29606 | — Appet the late of the second | | -11.45-4 | | _ |
| | er Street City State Zip Code incurred the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | |
| _ | ebtor 1 only | Пол | | | | |
| _ | • | Contingent | | | | |
| | ebtor 2 only | ☐ Unliquidated | | | | |
| | ebtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | |
| _ | least one of the debtors and another | Student loans | a olalili. | | | |
| | neck if this claim is for a community | ☐ Obligations arising out of a sepa | eration an | reement or divorc | e that you did not | |
| debt | | | | | | |
| | claim subject to offset? | report as priority claims | aorr ag | | • | |
| | • | | J | | debts | |
| Is the |) | report as priority claims | J | | debts | |
| Is the ■ No □ Ye | o os | report as priority claims Debts to pension or profit-sharin Other. Specify Secured | J | | debts | _ |
| Is the No □ Ye Lis | es est Others to Be Notified About a De | report as priority claims Debts to pension or profit-sharin Other. Specify Secured bt That You Already Listed | ng plans, a | and other similar o | | |
| Is the No Ye Lis is paging to comore the | es Others to Be Notified About a De e only if you have others to be notified a collect from you for a debt you owe to so han one creditor for any of the debts tha | report as priority claims Debts to pension or profit-sharin Other. Specify Secured bt That You Already Listed about your bankruptcy, for a debt that younger better the priginal creditor in the content of the con | og plans, a | and other similar of the similar of | 1 or 2. For exame collection agen | cy here. Similarly, if |
| Is the No Ye Listing paging to comore the | est Others to Be Notified About a De e only if you have others to be notified a collect from you for a debt you owe to so | report as priority claims Debts to pension or profit-sharin Other. Specify Secured bt That You Already Listed about your bankruptcy, for a debt that younger better the priginal creditor in the content of the con | og plans, a | and other similar of the similar of | 1 or 2. For exame collection agen | cy here. Similarly, if |
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Debtor 1 Manuel Godinez, Jr. Case number (if known) 19-11393

6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here

6j. Total Nonpriority. Add lines 6f through 6i.

6h. \$ 0.00 6i. \$ 27,851.00

6j. **\$ 27,851.00**

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|---------------------|
| Debtor 1 | Manuel Godinez, | Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF TEXAS | |
| _ | 19-11393 | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| - | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| .2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | , | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

| Fill in this | information to identify your | case: | | | |
|--|---|--|--|--|--|
| Debtor 1 | Manuel Godinez, First Name | | Loot Nome | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | WESTERN DISTRICT OF | TEXAS | | |
| Case num | ber 19-11393 | | | | |
| (if known) | nei <u>19-11393</u> | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Officia | l Form 106H | | | | |
| | lule H: Your Cod | obtoro | | 40/4 | _ |
| Scried | iule n. Tour Cou | entors | | 12/1 | <u>5 </u> |
| ■ No □ Yes 2. With Arizon □ No. ■ Yes | | l lived in a community prop Nevada, New Mexico, Puerto | erty state or territor o Rico, Texas, Washi | ry? (Community property states and territories include | |
| | Yes. | | | | |
| | In which community stat | e or territory did you live? | -NONE- | . Fill in the name and current address of that person | ۱. |
| | Name of your spouse, former sp Number, Street, City, State & Zip | | | | |
| in line Form out Co | lumn 1, list all of your codeb e 2 again as a codebtor only | ors. Do not include your sp f that person is a guarantor Form 106E/F), or Schedule | or cosigner. Make | r if your spouse is filing with you. List the person shot sure you have listed the creditor on Schedule D (Office). Use Schedule D, Schedule E/F, or Schedule G to Column 2: The creditor to whom you owe the de Check all schedules that apply: | icial o fill |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| Fill | in this information to identify your c | ase: | | | | | | | | |
|--------------------|---|-------------------------------|---|--------------------|----------------|-------------------|------------------------|-------------------------|------------------------------|-----------------|
| | otor 1 Manuel Goo | | | | | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | E: WESTERN DISTRICT | OF TEXAS | | | | | | | |
| | 19-11393 | | | | | □ Ai | | nt showin | ng postpetition | |
| \bigcirc | fficial Form 106I | | | | | | | | ollowing date: | |
| | chedule I: Your Inc | ome | | | | M | M / DD/ Y | YYY | | 12/15 |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your it ith you, do not inclu | spouse de infor | is liv mati | ing with on about | you, inclu your spo | ide inforr use. If m | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status* | ■ Employed□ Not employed | | | | ☐ Emplo | • | | |
| | employers. | Occupation | Account Techni | ician | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Texas Departmo | ent of P | ubli | ic | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 5805 n Lamar Blvd. Austin, TX 78752 | | | | | | | |
| | | How long employed t | | | t for | Addition | al Employ | yment Inf | formation | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. In | clude your no | n-filing |
| , | u or your non-filing spouse have me e space, attach a separate sheet to | . , , | ombine the informatio | n for all e | empl | oyers for | that perso | n on the li | ines below. If | you need |
| | | | | | | For Deb | otor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 3, | 304.33 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 3,30 | 04.33 | \$ | N/A | |

| Debte | Manuel Godinez, Jr. | | Case number (if known) | 19-11393 | |
|-------|--|---|---|---|----------------------------------|
| | Copy line 4 here | 4. | For Debtor 1 \$ 3,304.33 | For Debtor 2 or non-filing spouse \$ N/ | |
| 5. | List all payroll deductions: | | | | |
| J. | 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Flex Spending | 5a. 5b. 5c. 5d. 5e. 5f. 5g. | \$ 567.44 \$ 313.91 \$ 0.00 \$ 0.00 \$ 51.00 \$ 530.00 \$ 0.00 \$ 125.00 | \$ N/ \$ N/ \$ N/ \$ N/ \$ N/ \$ N/ \$ N/ | (A (A (A (A (A (A |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ 1,587.35 | \$ N/ | 'A |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ 1,716.98 | \$ N/ | 'A |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Wal-Mart | 8c. 8d. 8e. ance 8f. 8g. 8h.+ | | | /A //A //A |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ 1,577.91 | \$ N | I/A |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. \$ | 3,294.89 + | N/A = \$ | 3,294.89 |
| 11. | State all other regular contributions to the expenses that you list in Schell Include contributions from an unmarried partner, members of your household, other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are Specify: | your depen | • • | • | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies | | | a, if it 12. \$ | 3,294.89 |
| 13. | Do you expect an increase or decrease within the year after you file this f □ No. | orm? | | | bined thly income |

Yes. Explain:

Debtor is currently working a second job at Wal-Mart. Debtor has been doing this to try and manage his debt and child support payments. Debtor will likely need to quit this job once he gets his financial situation under control.

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|-------------------|--|
| Occupation | Cart Pusher | |
| Name of Employer | Walmart | |
| How long employed | 12 years | |
| Address of Employer | 1030 Norwood Park | |
| | Austin, TX 78752 | |

Official Form 106l Schedule I: Your Income page 3

| Fill | in this information to identify your case: | | | | |
|-------------------|---|------------------------|---------------|--|---|
| Deb | otor 1 Manuel Godinez, Jr. | | Chec | k if this is: | |
| L. | | | _ | An amended filing | |
| | ouse, if filing) | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Ĭ., | LOUIS DE LA COLUMN AND MECTERN DICTRICT OF TEVA | 0 | _ | | |
| Unit | ed States Bankruptcy Court for the: WESTERN DISTRICT OF TEXA | <u> </u> | | MM / DD / YYYY | |
| 1 | e number 19-11393 | | | | |
| (II K | nown) | | | | |
| \bigcirc | fficial Form 106J | | • | | |
| | chedule J: Your Expenses | | | | 12/15 |
| Be info nur | as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | or supplying correct |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense | s for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include ■ No | - | | | □ 163 |
| | expenses of people other than yourself and your dependents? | | | | |
| | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sup blicable date. | | | | |
| Inc | lude expenses paid for with non-cash government assistance | if you know | | | |
| | value of such assistance and have included it on Schedule I: ficial Form 106I.) | Your Income | | Your expe | enses |
| (0. | | | | | |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgage | e 4. \$ | | 790.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 50.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as he | ome equity loans | 5. \$ | | 0.00 |

| Fill in this infor | mation to identify your o | ase: | | | |
|---------------------|---|---------------------------|----------------------------|--|---------------------------|
| Debtor 1 | Manuel Godinez, | Jr. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | E. AN | ACT III AT | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF TEXAS | | |
| | 19-11393 | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| | tion About a | | | | 12/15 |
| If two married p | eople are filing together | , both are equally respoi | nsible for supplying cor | rect information. | |
| obtaining mone | | connection with a bank | | . Making a false statement, con n fines up to \$250,000, or impri | |
| Sig | n Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | tition Preparer's Notice, |
| | | | | Declaration, and Signa | ature (Official Form 119) |
| | alty of perjury, I declare t e true and correct. | hat I have read the sum | mary and schedules file | d with this declaration and | |
| X /s/ Mai | nuel Godinez, Jr. | | X | | |
| Manue | el Godinez, Jr. | | Signature of | Debtor 2 | |

Date _____

Date **October 25, 2019**

| Fill in this infor | rmation to identify you | r case: | | | |
|---|---|---|--|--|------------------------------------|
| Debtor 1 | Manuel Godinez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT OF | TEXAS | | |
| Case number | 19-11393 | | | | |
| (if known) | | | | - | Check if this is an |
| | | | | | amended filing |
| Official Fo | orm 107 | | | | |
| | | Affairs for Individ | luals Filing for B | ankruptcy | 4/1 |
| Be as complete | and accurate as poss | ible. If two married people a | re filing together, both are | equally responsible for sup | |
| | more space is needed, vn). Answer every que | attach a separate sheet to t stion. | his form. On the top of an | y additional pages, write you | ır name and case |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What is you | ur current marital statu | ıs? | | | |
| ☐ Marrie | d | | | | |
| ■ Not ma | arried | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than v | vhere you live now? | | |
| □ No | | | | | |
| Yes. L | ist all of the places you | ived in the last 3 years. Do no | t include where you live nov | I. | |
| Debtor 1 F | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| Antlope Marble F | Trail alls, TX 78654 | From-To: May 2016 - Ma 2017 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| States and territor No No Yes. № Part 2 Expla 4. Did you ha Fill in the to If you are fill No No | Make sure you fill out Solain the Sources of You ve any income from er tal amount of income you | nployment or from operating u received from all jobs and a have income that you receive | rada, New Mexico, Puerto R ricial Form 106H). g a business during this you | ico, Texas, Washington and V ear or the two previous cale time activities. nder Debtor 1. | Visconsin.) |
| | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$54,184.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De | Debtor 1 Manuel Godinez, Jr. | | | | Case number (if known) 19-11393 | | | | | |
|----|------------------------------|--|--|--|--|---|---|--|--|--|
| | | · | · | | | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | or last calen anuary 1 to | | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$56,000.00 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| | or the calendary 1 to | | | ■ Wages, commissions, bonuses, tips | \$55,000.00 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | | ☐ Operating a business | | ☐ Operating a business | | | | |
| | ■ No | source and t | J | ome from each source separat | tely. Do not include income t | , | | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) | | | |
| Pá | art 3: List | Certain Pa | yments You | u Made Before You Filed for I | Bankruptcy | | | | | |
| 6. | Are either □ No. | Neither De individual puring the ☐ No. ☐ Yes | ebtor 1 nor lorimarily for a 90 days bef Go to line List below paid that continued | 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol ore you filed for bankruptcy, did 7. each creditor to whom you pair reditor. Do not include payment a payments to an attorney for the on 4/01/22 and every 3 years | Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$6,825* or more in the for domestic support obligations bankruptcy case. | I of \$6,825* or more? n one or more payments and lations, such as child support | the total amount you and alimony. Also, do | | | |
| | Yes. | | | or both have primarily consu ore you filed for bankruptcy, did | | I of \$600 or more? | | | | |
| | | ■ No. | Go to line | 7. | | | | | | |
| | | ☐ Yes | List below include pay | each creditor to whom you pair yments for domestic support ob rrthis bankruptcy case. | | | | | | |

Dates of payment

Total amount paid

Amount you still owe

Creditor's Name and Address

Was this payment for ...

| 7. | Within 1 year before you filed for bankruptour Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partner r more of their voting | erships of which yo g securities; and a | ou are a genera ny managing a | al partner; corporations agent, including one for | |
|-----|--|--|--|--|----------------------------------|--|--|
| | ■ No | | | | | | |
| | Yes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | Within 1 year before you filed for bankrupto insider? | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | |
| | Include payments on debts guaranteed or cosi | gned by an insider. | | | | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name | |
| Pai | rt 4: Identify Legal Actions, Repossession | s and Foreclosures | | | | | |
| | | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | rty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | |
| | | Explain what happened | | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount | |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar | | rty in the possess | ion of an assigne | e for the bend | efit of creditors, a | |
| | ■ No □ Yes | | | | | | |
| Pai | rt 5: List Certain Gifts and Contributions | | | | | | |
| | Within 2 years before you filed for bankrupt | cy, did you give any gifts | with a total value | of more than \$60 | 0 per person | ? | |
| | NoYes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |

Case number (if known) 19-11393

Debtor 1 Manuel Godinez, Jr.

| Deb | otor 1 Man | uel Godinez, Jr. | | | Case number (| if known) 19-11393 | |
|---|---|--|---|--|-----------------|--|---------------------------|
| | | | | | | | |
| 14. | ■ No | _ 110 | | | ns with a total | I value of more than S | \$600 to any charity? |
| | Gifts or commore than S | ntributions to charities that t \$600 | total | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List C | ertain Losses | | | | | |
| 15. | Within 1 year or gambling | | iptcy o | r since you filed for bankruptcy, did y | ou lose anytl | hing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fi | II in the details. | | | | | |
| | | e property you lost and ss occurred | Includ | ribe any insurance coverage for the love the amount that insurance has paid. Lounce claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | t 7: List C | ertain Payments or Transfers | s | | | | |
| 16. | consulted a Include any a | bout seeking bankruptcy or p | prepar | lid you or anyone else acting on your ing a bankruptcy petition? rs, or credit counseling agencies for ser | | | ty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | (OU | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
| | Wajda & Associates 5430 Lyndon B Johnson Fwy, Ste. 1200 Dallas, TX 75240 | | | Attorney's Fees + ff | | 2019 | \$335.00 |
| 17. | 17. Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li No Yes. Fill in the details. | | ditors | or to make payments to your creditor | | r transfer any proper | ty to anyone who |
| | Person Wh Address | o Was Paid | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. Within 2 years before you filed for bankru transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have already No | | u r busi s made | ness or financial affairs? as security (such as the granting of a s | | | | |
| | | in the details. | | B | | | |
| | Address | o Received Transfer | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | rerson's re | lationship to you | | | | | |

Debtor 1 Manuel Godinez, Jr.

Case number (if known) 19-11393

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | |
|--|---|--|------------------------|-----------------------|---|---|--|--|
| | Name of trust | ferred | Date Transfer was made | | | | | |
| Par | 8: List of Certain Financial Accounts, Instr | uments, Safe Depos | it Boxes, and Sto | orage Unit | s | | | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accor | unts; certificates | of deposit | | , , | | |
| | Name of Financial Institution and L | ast 4 digits of account number | | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed fo | or bankruptcy, an | ny safe dep | oosit box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or | place other than you | ır home within 1 | year befor | e you filed for bankruptc | y? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | | |
| Par | 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inc | lude any propert | y you borr | owed from, are storing fo | or, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value | | |
| Par | 10: Give Details About Environmental Inform | mation | | | | | | |
| For | he purpose of Part 10, the following definition | s apply: | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | - | environmental la | aw, wheth | er you now own, operate | , or utilize it or used | | |
| Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Manuel Godinez, Jr.

Case number (if known) 19-11393

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental | | | | | | | | | | |
|---|---|--|--|--|--|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and | | Date of notice | | | | |
| 25. | Hav | e you notified any governmental unit of a | any release of hazardous material? | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| 26. | Hav | e you been a party in any judicial or adm | inistrative proceeding under any envi | iron | mental law? Include settlements | and orders. | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or C | Connections to Any Business | | | | | | | |
| 27. | Witl | Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | s. | | | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or IIIN. | | | | |
| 28. | | nin 2 years before you filed for bankrupto itutions, creditors, or other parties. | ey, did you give a financial statement t | to a | nyone about your business? Incl | ude all financial | | | | |
| | | No Yes. Fill in the details below. | | | | | | | | |
| | Ad | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| | | | | | | | | | | |

| Debtor | Manuel Godinez, Jr. | | Case number (if known) | 19-11393 |
|--|--------------------------------------|---|-------------------------------|---------------------|
| | | | | |
| Part 1 | 2: Sign Below | | | |
| are true | e and correct. I understand that mal | of Financial Affairs and any attachme king a false statement, concealing pro up to \$250,000, or imprisonment for u | perty, or obtaining money or | , , , , |
| /s/ Ma | anuel Godinez, Jr. | | | |
| Manuel Godinez, Jr. Signature of Debtor 1 | | Signature of Debtor 2 | | |
| Date | October 25, 2019 | Date | | |
| Did you | u attach additional pages to Your S | tatement of Financial Affairs for Indivi | duals Filing for Bankruptcy (| Official Form 107)? |
| No | | | | |
| □ Yes | | | | |
| Did you | u pay or agree to pay someone who | is not an attorney to help you fill out | bankruptcy forms? | |
| . . | | , | • • | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1 | Manuel Godinez, | | LastName | |
| D 1 0 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT (| OF TEXAS | |
| Case number | 19-11393 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | Reaffirmation Agreement. | |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | Reaffirmation Agreement. | |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | Reaffirmation Agreement. | |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| | | |
| Creditor's | ☐ Surrender the property. | □ No |
| | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor | Manuel Godinez, Jr. | Case number (if known) | 19-11393 |
|-------------------|---|---|-----------------------------------|
| prop | ne: cription of perty uring debt: | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| in the ii | y unexpired personal property lease that you nformation below. Do not list real estate lease | eases listed in Schedule G: Executory Contracts and Unexpire es. Unexpired leases are leases that are still in effect; the ase if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | e lease period has not yet ended. |
| Descri | be your unexpired personal property leases | | Will the lease be assumed? |
| | 's name: ption of leased ty: | | □ No □ Yes |
| | r's name: ption of leased ty: | | □ No □ Yes |
| | r's name: ption of leased ty: | | □ No □ Yes |
| | r's name: ption of leased ty: | | □ No □ Yes |
| | r's name: ption of leased ty: | | □ No □ Yes |
| | r's name: ption of leased rty: | | □ No |
| Descrip | 's name: ption of leased | | □ No |
| Proper Part 3: | <u> </u> | | ☐ Yes |
| Under p | | ted my intention about any property of my estate that se | cures a debt and any personal |
| X /s | s/ Manuel Godinez, Jr. | X | |
| M | lanuel Godinez, Jr. ignature of Debtor 1 | Signature of Debtor 2 | |
| D | ate October 25, 2019 | Date | |

| Fill in | n this information to identify your case: | | Ch | neck one box only | y as directed in this form a | nd in Form |
|------------------|---|--|------------------------|---|---|------------------------------------|
| Debt | tor 1 Manuel Godinez, Jr. | | | 2A-1Supp: | , ao ambotoa in tino 101111 a | |
| Debt | <u> </u> | | | ∏ 1 There is no | presumption of abuse | |
| 1 | se, if filing) | | | _ | | |
| Unite | ed States Bankruptcy Court for the: Western District of | Texas | | | ation to determine if a pres Il be made under <i>Chapter</i> | • |
| Case | e number 19-11393 | | | | n (Official Form 122A-2). | T Would Tool |
| (if kno | | | | | s Test does not apply now nilitary service but it could | |
| | | | | ☐ Check if this | s is an amended filing | |
| Off | <u>icial Form 122A - 1</u> | | | | | |
| Ch | apter 7 Statement of Your Cur | rent Monthly | y Inc | ome | | 10/19 |
| attach case i | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wonumber (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted: Calculate Your Current Monthly Income | hich the additional inform a presumption of abus | mation a | applies. On the to use you do not ha | p of any additional pages, we primarily consumer debts | rite your name and s or because of |
| 1. | What is your marital and filing status? Check one or | ıly. | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | |
| | $\hfill\square$ Married and your spouse is filling with you. Fill our | ut both Columns A and | B, lines | 2-11. | | |
| | $\hfill\square$ Married and your spouse is NOT filing with you. | You and your spouse | are: | | | |
| | Living in the same household and are not lega | • | | • | | |
| | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are living apart for reasons that do not include evadir | egally separated under | nonbar | nkruptcy law that | applies or that you and yo | |
| 10 the | Il in the average monthly income that you received from all 11(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p | onth period would be Mar by 6. Fill in the result. Do | ch 1 thro not inclu | ugh August 31. If the | ne amount of your monthly incount more than once. For example, | ome varied during mple, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | • |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commissions (be | fore all | \$ 3,304 | .33 \$ | _ |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments from a spou | se if | \$0 | .00 \$ | _ |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular contrib , your dependents, par | outions ents, | \$0 | .00 \$ | _ |
| 5. | Net income from operating a business, profession, | | | | | |
| | | Debtor 1 \$ 0.00 | | | | |
| | Gross receipts (before all deductions) | \$ <u>0.00</u> -\$ 0.00 | | | | |
| | Ordinary and necessary operating expenses Net monthly income from a business, profession, or far | 0.00 | here -> | · \$ 0 | .00 \$ | |
| 6. | Net income from rental and other real property | ΠΦ | | | | _ |
| . | and data from property | Debtor 1 | | | | |
| | Gross receipts (before all deductions) | \$0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from rental or other real property | \$ <u>0.00</u> Copy | here -> | | .00 \$ | _ |
| 7 | Interest dividends and royalties | | | \$ 0 | .00 \$ | |

\$

7. Interest, dividends, and royalties

| Debto | Manuel Godinez, Jr. | | | Case numb | er (if known) | 19-11393 | i | |
|-------|--|--|---|-------------------|---------------|---------------------|-------------|-----------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 o | | |
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | received was a benef | fit under | | | | | |
| | For you \$ For your spouse \$ | 0. | 00 | | | | | |
| | Pension or retirement income. Do not include any amount benefit under the Social Security Act. Also, except as stanot include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that pay does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter | ated in the next sente allowance paid by the combat-related injury s. If you received any ay only to the extent to would otherwise be e | nce, do e ry or y retired that it | \$ | 0.00 | \$ | | |
| | Income from all other sources not listed above. Speci Do not include any benefits received under the Social Se received as a victim of a war crime, a crime against hum domestic terrorism; or compensation, pension, pay, annu United States Government in connection with a disability disability, or death of a member of the uniformed service sources on a separate page and put the total below. | ecurity Act; payments anity, or international uity, or allowance paid , combat-related injury | or by the ry or | | | | | |
| | · Wal-Mart | | | \$ 1 | ,981.92 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total | al for Column B. | \$ | 5,286.25 | + \$ | | Total incom | 5,286.25 |
| Part | 2: Determine Whether the Means Test Applies to | You | | | | | | |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 11 | | | Cop | y line 11 h | nere=> | \$ | 5,286.25 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. The result is your annual income for this part of the | form | | | | 121 | o. \$ | 63,435.00 |
| 13. | Calculate the median family income that applies to y | ou. Follow these step | os: | | | | | |
| | Fill in the state in which you live. | TX | | | | | | |
| | Fill in the number of people in your household. | 1 | | | | | | |
| | Fill in the median family income for your state and size o To find a list of applicable median income amounts, go o for this form. This list may also be available at the bankro | nline using the link sp | pecified | in the sepa | rate instruc | 13. tions | \$ | 50,144.00 |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. On Go to Part 3. | the top of page 1, ch | eck box | 1, There is | no presum | ption of abu | se. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | page 1, check box 2 | , The pre | esumption o | of abuse is | determined b | y Form 1 | 22A-2. |
| Part | | | | | | | | |
| | By signing here, I declare under penalty of perjury t | hat the information or | n this sta | atement and | l in any atta | achments is t | rue and c | orrect. |
| | X /s/ Manuel Godinez, Jr. | | | | - | | | |
| | Manuel Godinez, Jr. Signature of Debtor 1 | <u></u> | | | | | | |
| | Date October 25, 2019 | | | | | | | |

Debtor 1 Manuel Godinez, Jr. Case number (if known) 19-11393

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| | in this information to identify your case: | Check the appropriate box as directed in lines 40 or 42: | |
|----------|---|---|-------------------|
| Det | Manuel Godinez, Jr. | According to the calculations required by the | nie |
| 1 | otor 2 | Statement: | |
| (Sp | ouse, if filing) | | |
| Uni | ted States Bankruptcy Court for the: Western District of Texas | ■ 1. There is no presumption of abuse. | |
| | se number 19-11393 nown) | 2. There is a presumption of abuse. | |
| | | ☐ Check if this is an amended filing | |
| Of | ficial Form 122A - 2 | · · | |
| | napter 7 Means Test Calculation | 0 | 4/19 |
| <u> </u> | apter 7 incario rest Gardadion | | -, , , |
| spa | as complete and accurate as possible. If two married people are filing to be is needed, attach a separate sheet to this form, Include the line number (if known). The complete and accurate as possible. If two married people are filing to be is needed, attach a separate sheet to this form, Include the line number (if known). | |) |
| 1. | Copy your total current monthly income. Copy line 11 | 2 11 from Official Form 122A-1 here=> \$ 5,286.2 | 5_ |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? | | |
| ۷. | No. Fill in \$0 for the total on line 3. | | |
| | Yes. Is your spouse Filing with you? | | |
| | □ No. Go to line 3. | | |
| | ☐ Yes. Fill in \$0 for the total on line 3. | | |
| | The first the total of fine 5. | | |
| 3. | Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps: | | |
| | On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? | you reported for your spouse NOT regularly used for the household | |
| | ■ No. Fill in 0 for the total on line 3. | | |
| | ☐ Yes. Fill in the information below: | | |
| | | | |
| | State each purpose for which the income was used | Fill in the amount you | |
| | For example, the income is used to pay your spouse's tax debt or to | r to are subtracting from your spouse's income | |
| | support other than you or your dependents. | | |
| | | \$ | |
| | | \$ | |
| | | | |
| | | \$ | |
| | Total. | \$ 0.00 | |
| | Total. | | |
| | | Copy total here=> \$ 0.0 | 0 |
| | | | |
| 1 | | 1 | - 1 |

Adjust your current monthly income. Subtract line 3 from line 1.

5,286.25

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the guestions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

727.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 55.00
- 7b. Number of people who are under 65 X _____1
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 55.00 Copy here=> \$ 55.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114.00
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ _____**0.00 Copy here=> +\$ ____00**
- 7g. Total. Add line 7c and line 7f \$ 55.00 Copy total here=> \$ 55.00

Manuel Godinez, Jr. 19-11393 Debtor 1 Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 495.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,320.00 \$ listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment -NONE-\$ Repeat this Copy amount on 0.00 Total average monthly payment 0.00 here=> line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 1,320.00 1,320.00 \$ or rent expense). If this amount is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 \$ affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

210.00

| 13. | You may | | epense: Using the IRS Local if you do not make any loan | | | | | | | | |
|------|-----------------------|---|--|--------------|----------------|--------------------|--------|-----------------|---|------|--------|
| Ve | hicle 1 | Describe Vehicle 1: | 2012 Nissan Altima 130 | 0,000 mile | es Encumb | ered | | | | | |
| 13a. | . Ownersh | ip or leasing costs using | g IRS Local Standard | | | \$ | | 508.00 | | | |
| 13b. | • | monthly payment for all | I debts secured by Vehicle 1 vehicles. | | | | | | | | |
| | are contr | | ly payment here and on line cured creditor in the 60 mon | | | at | | | | | |
| | Nar | ne of each creditor for | r Vehicle 1 | Average | monthly | | | | | | |
| | GM | l Financial | | \$ | 339.00 | | | | | | |
| | | Total A | Average Monthly Payment | \$ | 339.00 | Copy | _ | 339 | Repea amoun line 33 | t on | |
| 13c. | | cle 1 ownership or lease line 13b from line 13a. | e expense if this amount is less than \$0 | , enter \$0. | | \$ | | 169.00 | Copy net Vehicle 1 expense here => | \$ | 169.00 |
| Ve | hicle 2 | Describe Vehicle 2: | | | | | | | 5 | | |
| 13d. | . Ownersh | ip or leasing costs using | g IRS Local Standard | | | \$ | | 0.00 | | | |
| 13e. | . Average leased v | | I debts secured by Vehicle 2 | . Do not inc | clude costs fo | r | | | | | |
| | Nar | ne of each creditor for | r Vehicle 2 | Average | monthly | | | | | | |
| | | | | \$ | | | | | | | |
| | | Total A | Average Monthly Payment | \$ | | Copy here => | -\$ | 0.00 | Repeat thi amount or line 33c. | | |
| 13f. | | cle 2 ownership or lease line 13e from line 13d. | e expense if this amount is less than \$0 | , enter \$0. | | . \$ | i | 0.00 | Copy net Vehicle 2 expense here => | \$ | 0.00 |
| 14. | | | e: If you claimed 0 vehicles in ce regardless of whether you | | | | andard | ds, fill in the | Public | \$ | 0.00 |
| 15. | also ded | uct a public transportati | on expense: If you claimed on expense, you may fill in water Standard for Public Trans | hat you be | | | | | | \$ | 0.00 |

| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone servic | | | | | | |
|--|---|------|--|---|-----|----------|
| self-employment taxes. Social securify faxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than | (| Othe | er Necessary Expenses | | for | |
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service | , | 16. | self-employment taxes, so your pay for these taxes. H | cial security taxes, and Medicare taxes. You may include the monthly amount withheld from lowever, if you expect to receive a tax refund, you must divide the expected refund by 12 | | |
| Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your emplo | | | Do not include real estate, | sales, or use taxes. | \$ | 955.73 |
| 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employm | • | 17. | | | | |
| filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 4,875.64 | | | Do not include amounts that | at are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 313.91 |
| administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. | , | 18. | filing together, include payinsurance on your depende | ments that you make for your spouse's term life insurance. Do not include premiums for life | \$ | 0.00 |
| 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. | • | 19. | | | | |
| ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 | | | Do not include payments of | on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 530.00 |
| ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. \$ 4,875.64 | 2 | 20. | _ | | | |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 0.0 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.0 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 4,875.64 | | | as a condition for your j | ob, or | | |
| Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 4,875.64 | | | for your physically or m | entally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.0 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 | 2 | 21. | Childcare: The total month | hly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 | | | Do not include payments for | or any elementary or secondary school education. | \$ | 0.00 |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 | 2 | 22. | that is required for the heal | Ith and welfare of you or your dependents and that is not reimbursed by insurance or paid | | |
| for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 4,875.64 | | | Payments for health insura | ance or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100.0 24. Add all of the expenses allowed under the IRS expense allowances. \$ 4,875.64 | 2 | 23. | for you and your depender phone service, to the exter | nts, such as pagers, call waiting, caller identification, special long distance, or business cell nt necessary for your health and welfare or that of your dependents or for the production of | | |
| 24. Add all of the expenses allowed under the into expense allowances. | | | | | +\$ | 100.00 |
| | 2 | 24. | • | allowed under the IRS expense allowances. | \$ | 4,875.64 |

19-11393 Case number (if known)

| Add | itional Expense Deductions | These are additional | l deductions alle | owed by the | e Means Test. | | |
|-----|---|---|---|-------------------------------|---|-----|--------|
| | | Note: Do not include | any expense a | llowances | listed in lines 6-24. | | |
| 25. | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, or | or | |
| | Health insurance | | \$ | 42.41 | | | |
| | Disability insurance | | \$ | 16.59 | | | |
| | Health savings account | | + \$1 | 25.00 | | | |
| | | | | | | | |
| | Total | | \$ | 184.00 | Copy total here=> | \$ | 184.00 |
| | Do you actually spend this total | amount? | | | • | | |
| | ☐ No. How much do you a | ctually spend? | | | | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reasonal | ble and necessary car our immediate family v | e and support on the support of the | of an elderly o pay for su | actual monthly expenses that you will y, chronically ill, or disabled member of ich expenses. These expenses may 9A(h) | \$ | 0.00 |
| 27. | Protection against family viole | ence. The reasonably | necessary mor | nthly expen | ses that you incur to maintain the s Act or other federal laws that apply. | | |
| | By law, the court must keep the | nature of these exper | nses confidentia | al. | | \$ | 0.00 |
| 28. | Additional home energy costs line 8. | 3. Your home energy of | costs are includ | ed in your i | insurance and operating expenses on | | |
| | If you believe that you have hon 8, then fill in the excess amount | | | e home en | ergy costs included in expenses on line | Э | |
| | You must give your case trustee amount claimed is reasonable a | | ur actual expen | ses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | | for your dependent cl | | | monthly expenses (not more than nan 18 years old to attend a private or | | |
| | You must give your case trustee claimed is reasonable and nece | | | | ou must explain why the amount 3. | | |
| | * Subject to adjustment on 4/01/ | /22, and every 3 years | s after that for c | ases begur | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | | and clothing allowance | es in the IRS Na | ational Star | stual food and clothing expenses are ndards. That amount cannot be more | | |
| | To find a chart showing the maxinstructions for this form. This cl | | | | | | |
| | You must show that the addition | nal amount claimed is | reasonable and | d necessary | <i>1</i> . | \$ | 24.00 |
| 31. | Continuing charitable contrib instruments to a religious or charitable. | | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | Add all of the additional expended lines 25 through 31. | nse deductions. | | | | \$ | 208.00 |

| Deduc | tions for Debt Payment | | | | | | | |
|-------------------|--|---|----------------|--------|--------------------------------------|--------|-------------------|-----------------------|
| | r debts that are secured by an inter ns, and other secured debt, fill in li | est in property that you own, including nes 33a through 33e. | home m | ortga | ges, vehicle | | | |
| | calculate the total average monthly paditor in the 60 months after you file fo | ayment, add all amounts that are contractu r bankruptcy. Then divide by 60. | ally due | to eac | h secured | | | |
| | Mortgages on your home: | | | | | | | erage monthly ment |
| 33a. | Copy line 9b here | | | | | => | \$_ | 0.00 |
| | Loans on your first two vehicles: | | | | | | | |
| 33b. | Copy line 13b here | | | | | => | \$_ | 339.00 |
| 33c. | | | | | | => | \$_ | 0.00 |
| 33d. | List other secured debts: | | | | | | | |
| Name o | of each creditor for other secured debt | Identify property that secures the debt | t | | Does paymer include taxes insurance? | | | |
| | | | | | □ No | | | |
| | -NONE- | | | | ☐ Yes | | \$ | |
| - | | | | | L 103 | | Ψ _ | |
| | | | | | ☐ No | | | |
| | | | | | ☐ Yes | | \$_ | |
| | | | | | □ No | | | |
| | | | | | | | • | |
| _ | | | | | ☐ Yes | _ | +\$_ | |
| 33e. ⁻ | Total average monthly payment. Add | ines 33a through 33d | | \$ | 339.00 | tot | ppy al re=> | \$339.00 |
| | | B secured by your primary residence, a value of your depender or the support of your depender | | | | | | |
| | No. Go to line 35. | | | | | | | |
| | | st pay to a creditor, in addition to the paym ssion of your property (called the <i>cure amo</i> e information below. | | | | | | |
| Name | of the creditor | Identify property that secures the debt | | | Fotal cure amount | | | Monthly cure amount |
| -NOI | NE- | | | \$ | | ÷ 60 | = \$ | |
| | | | Г | | | \neg | | |
| | | | | | | Co | ру | |
| | | | Total | \$ | 0.00 | - 1 | re=> | \$0. |
| | | as a priority tax, child support, or alimor ur bankruptcy case? 11 U.S.C. § 507. | ∟ ıy - that | | | | | |
| | No. Go to line 36. | | | | | | | |
| | Yes. Fill in the total amount of all of ongoing priority claims, such a | these priority claims. Do not include currer s those you listed in line 19. | nt or | | | | | |
| | Total amount of all past-due | oriority claims | \$ | 3 | 0.00 | ÷ 60 |) = \$ | 0 . |

| Dobtor 1 | Manual | Godinez. | le. |
|----------|--------|----------|-----|
| Debtor 1 | wanuei | Godinez. | Jr. |

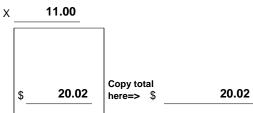
Case number (if known)

19-11393

| | nuci Counicz, or. | ouco numbo. | () 10 1100 | |
|---------|---|-------------|------------|--|
| For mor | a eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). re information, go online using the link for <i>Bankruptcy Basics</i> specified in the ons for this form. <i>Bankruptcy Basics</i> may also be available at the bankruptc | • | ı. | |
| ☐ No. | Go to line 37. | | | |
| Yes | . Fill in the following information. | | | |
| | Projected monthly plan payment if you were filing under Chapter 13 | \$ | 182.00 | |
| | Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees | | | |

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13



37. Add all of the deductions for debt payment.

(for all other districts).

Add lines 33e through 36.

\$ 359.02

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

Copy line 32, All of the additional expense deductions

\$ 208.00

Copy line 37, All of the deductions for debt payment +\$ 359.02

Total deductions

\$ 5,442.66

Part 3: Determine Whether There is a Presumption of Abuse

$39. \ \textbf{Calculate monthly disposable income for 60 months}$

39a. Copy line 4, adjusted current monthly income \$

39b. Copy line 38, Total deductions -\$

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a

| - \$ | 5,442.66 | _ | |
|------|----------|------------------|---------|
| \$ | -156.41 | Copy here=>\$ | -156.41 |

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60 _______39d. \$

| \$_ | -9,384.60 | Copy here=> |
|-----|-----------|----------------|
| \$_ | -9,384.60 | h |

| \$ -9,384.60 |
|-----------------|
| |

- 40. Find out whether there is a presumption of abuse. Check the box that applies:
 - The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.
 - ☐ The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.
 - ☐ The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.

*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

| 41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l) Multiply line 41a by 0.25 | no presumption of abuse. x 2, There is a | I M |
|---|---|----------------|
| Determine whether the income you have left over after subtracting all allowed deducti 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go you have any special circumstances that justify additional expenses or adjustments assonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expensitem. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expensessary and reasonable. You must also give your case trustee documentation of you adjustments. Give a detailed explanation of the special circumstances Average in the following information of the special circumstances Average in the following information of the special circumstances Average in the following information of the special circumstances Average in the following information of the special circumstances | ons is enough to pay no presumption of abuse. x 2, There is a | I M |
| 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go you have any special circumstances that justify additional expenses or adjustments assonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expensitem. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expensessary and reasonable. You must also give your case trustee documentation of you adjustments. Give a detailed explanation of the special circumstances Average in the following information of the special circumstances for including the special circumstances. | no presumption of abuse. x 2, There is a | |
| Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check be presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go you have any special circumstances that justify additional expenses or adjustments assonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expensitem. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expensessary and reasonable. You must also give your case trustee documentation of you adjustments. Give a detailed explanation of the special circumstances Average or included a company to the special circumstances. | x 2, There is a | |
| Give Details About Special Circumstances O you have any special circumstances that justify additional expenses or adjustments assonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expensitem. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expensesary and reasonable. You must also give your case trustee documentation of you adjustments. Give a detailed explanation of the special circumstances Average or included a detailed explanation of the special circumstances. | | |
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| necessary and reasonable. You must also give your case trustee documentation of you adjustments. Give a detailed explanation of the special circumstances Average or inc | e or income adjustment for | each |
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| \$ | | |
| 5: Sign Below | | |
| By signing here, I declare under penalty of perjury that the information on this statement | | |
| X /s/ Manuel Godinez, Jr. | | ue and correct |

Date October 25, 2019 MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | on |
|------------|----------------|--------|
| \$24 | 5 filing fee | |
| \$7 | 5 administrati | ve fee |
| + \$1 | 5 trustee surc | charge |
| \$33 | 5 total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Western District of Texas

| In re | Manuel Godinez, Jr. | | | ase No. | 19-11393 | |
|--------|--|--|--|------------|--------------------------|--------------|
| | | Debtor(s) |) | hapter | 7 | |
| | DISCLOSURE OF C | OMPENSATION OF | ATTORNEY F | OR DE | BTOR(S) | |
| c | cursuant to 11 U.S.C. § 329(a) and Fed. Bank ompensation paid to me within one year before e rendered on behalf of the debtor(s) in conto | ore the filing of the petition in b | ankruptcy, or agreed to | be paid | to me, for services rend | lered or to |
| | For legal services, I have agreed to accep | ot | \$ | | 2,200.00 | |
| | Prior to the filing of this statement I have | | | | 0.00 | |
| | Balance Due | | | | 2,200.00 | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | | |
| 3. T | The source of the compensation paid to me wa | as: | | | | |
| | ✓ Debtor | | | | | |
| 4. T | The source of compensation to be paid to me | is: | | | | |
| | Debtor Concerning Debtor Debtor Will be paying Wajda & Associates \$200 per month for the post-filing work done on this case. | | | | k done on | |
| 5. [| ☐ I have not agreed to share the above-discl | osed compensation with any of | her person unless they | are memb | pers and associates of n | ny law firm. |
| G | I have agreed to share the above-disclosed copy of the agreement, together with a list use a local counsel at the 341(a) me no additional cost to the Debtor | t of the names of the people sha | ring in the compensati | on is atta | ched. Wajda & Assoc | ciates may |
| 6. I | n return for the above-disclosed fee, I have a | greed to render legal service fo | r all aspects of the ban | kruptcy c | ase, including: | |
| b c | Analysis of the debtor's financial situationPreparation and filing of any petition, scheRepresentation of the debtor at the meeting[Other provisions as needed] | edules, statement of affairs and | plan which may be req | uired; | | ptcy; |
| 7. E | By agreement with the debtor(s), the above-di | isclosed fee does not include the | e following service: | | | |
| | | CERTIFICATIO |)N | | | |
| | certify that the foregoing is a complete state ankruptcy proceeding. | ment of any agreement or arran | gement for payment to | me for re | epresentation of the deb | otor(s) in |
| 0 | ctober 25, 2019 | /s/ Nicho | olas M. Wajda | | | |
| Do | ıte | Signature Wajda 8 5430 Ly Dallas, 1 | s M. Wajda of Attorney Associates, PC ndon B Johnson Fv TX 75240 | - | | _ |
| | | | 6-6008 Fax: (866) 2 coverylawgroup.co | | | _ |